

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 9 Days		c. CITY OR TOWN DeSoto		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Pacific Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 2, DeSoto, Mo.	
3. NAME OF DECEASED (Type or print) First Thomas Middle Flavorn Last Johnston				4. DATE OF DEATH Month Sept. Day 20, Year 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/27/99	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Old Mines, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Sidney Johnston			13b. MOTHER'S MAIDEN NAME Melissa Politte			14. NAME OF HUSBAND OR WIFE Astress Johnston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-16-4898		17. INFORMANT Address Rt. # 2 Mrs. T. F. Johnston, DeSoto, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST RECURRENT - Post OP						INTERVAL BETWEEN ONSET AND DEATH 5 MIN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) OPERATIVE PROCEDURE (CHOLECYSTEC)						4 MRS	
DUE TO (c) CHRONIC CHOLECYSTITIS-CHOLELITH.						10 MOS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 584X						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW/INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. I attended the deceased from Sept. 10, 1960 to Sept. 20, 1960 and last saw him ^{her} live on Sept. 20, 1960 Death occurred at 4:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter Haffner M.D.			22b. ADDRESS 1755 S. Grand Blvd.			22c. DATE SIGNED	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE 9/23/60	23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) DeSoto Mo.		(State)	
24. FUNERAL DIRECTOR Mothershead DeSoto, Mo.			25. DATE RECD. BY LOCAL REG. SEP 22 1960		26. REGISTRAR'S SIGNATURE Loan Smith M.P.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 10 1960

OCT 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

J Lee Mathers

Licensed Embalmer No. 3531

P. O. Address De Soto,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.